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Bib Data Sheet

CONFIRMATION NO. 4333

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|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/500,544 | FILING OR 371(c) DATE 03/15/2005 RULE | CLASS 514 | GROUP ART UNIT 1614 | ATTORNEY DOCKET NO. 50164/011002 |
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US03/001118 01/02/2003

**** FOREIGN APPLICATIONS *******

UNITED STATES OF AMERICA 60345285 01/04/2002

**** SMALL ENTITY ****

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|---|-----------------------------------|---------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY MA | SHEETS DRAWING | TOTAL CLAIMS 31 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

21559

TITLE

Combinations for the treatment of immunoinflammatory disorders and proliferative skin diseases

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| FILING FEE RECEIVED 572 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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